PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003												P
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR	•	THAN ENTITY
TOTAL CLAIMS			20					RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			70 /minus 20=		•			X\$ 9=		OR	X\$18=	·
INDEPENDENT CLAIMS			minus 3 =		•			X43=	• .	OR	X86=	
MULTIPLE DEPENDENT CLAIM PI			RESENT					+145=		1		
• If	* If the difference in column 1 is less than zero, enter "0" in column 2									OR	+290=	(F)
										OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Co						(Column 3)		SMALI	LENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
PMOP	Total	.20	Minus	-27	5	±		X\$ 9=		OR	X\$18=	
ME	Independent	. 2	Minus			= .		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA				CLAIM		İ	+145=		OR	+290=	
								TOTA		_ '	TOTAL	
	(Column 1) (Column 2) (Column 3)								EL	10	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ST EA USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**	• 1	=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		* .		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
							L	TOTAL			TOTAL	
		(Oaluma is				(O-1, 0)	AI ·	DDIT. FEE			ADDIT. FEE	-
	(Column 1) CLAIMS			(Column 2 HIGHEST		(Column 3)			1 4001	·.		4001
MEN		REMAINING AFTER AMENDMENT		NUMB PREVIO	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		s .		X\$ 9=		OR	X\$18=	
	Independent	.*	Minus	stata .	·	-		X43=		OR	X86=	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=				·
• 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								-	OR	+290= TOTAL	
H	the 'Highest Nu	mber Previously Par mber Previously Pa	id For IN THIS	S SPACE is	less that	n 20, enter "20."	ΑE	TOTAL DDIT. FEE	لـــــا	OR A	ODIT. FEE	
		ber Previously Paid					toun	d in the ar	ppr priate box	in colu	ıms 1.	

Application or Docket Number